

# **Indiana State Police Methamphetamine Laboratory Occurrence Report**

This form complies with the statutory requirement set forth in IC 5-2-15-3.

**Date:** 09-10-2010

**Address:** 1148 E. NORTHPORT RD.

**Case #:** 22F46327

ROME CITY, IN

**County:** NOBLE

46784

## **Type of Laboratory Seizure (check one)**

- ☒ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

## **Seizure Location (check all that apply)**

- ☒ Residence ☐ Hotel/Motel  
☐ Outbuilding ☐ Open - No Structure  
☐ Vehicle ☐ Other: \_\_\_\_\_

## **Items Found: Location (bedroom, kitchen, open air, etc)** (check all that apply)

- ☒ Lithium/Ammonia Reaction(s): BATHROOM  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: BATHROOM  
☐ Water Reactive Metal (Lithium): \_\_\_\_\_  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☒ Hydrochloric Acid Gas Generator(s): BATHROOM  
☒ Corrosive Acid: BATHROOM  
☒ Corrosive Base: BATHROOM  
☐ Other (item and location): \_\_\_\_\_

## **Child under age 18 discovered (check one)**

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No

\*If yes, fax report to Child Protective Services

## **Investigative Information**

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☒ Other: NOBLE SHERIFF

## **This report is to be faxed to the following agencies that serve the location:**

Fire Department: ORANGE TWP FD

Fax: E-MAILED

Health Department: NOBLE CO

Fax: E-MAILED

Child Protection Service: \_\_\_\_\_

Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact  
Investigating Officer: ANDREW SMITH Phone 260-432-8661

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.